

# Workforce Investment Act 85-Percent Formula Grants Program On-Site Monitoring Guide

Prepared By  
Compliance Review Division  
August 2005

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**WORKFORCE INVESTMENT ACT  
85-PERCENT FORMULA GRANTS  
PROGRAM ON-SITE MONITORING GUIDE**

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## Preface

### Background and Instructions

The purpose of the Program On-site Monitoring Review Guide is to provide the monitor with information needed to conduct an on-site review of the 85-Percent Formula grants' administrative and program operations. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the Workforce Investment Act (WIA). The Program On-site Monitoring Guide should facilitate a more efficient review.

The Program On-site Monitoring Guide consists of three sections. We request that the Local Workforce Investment Area (LWIA) staff or its Subrecipient complete Sections I and II in the guide. In addition, please complete Attachments 1 and 2, which are located in Section III. The remaining Attachments will be used by the monitor while conducting the review.

The LWIA or Subrecipient staff responsible for completing the Program On-site Monitoring Guide may contact the monitor or his/her supervisor for clarification, if needed. In addition, please ensure that the individual(s) who complete the guide list their name, telephone number, position/title, and date completed at the end of each Section.

Please note that citations are provided for reference, but may not be inclusive of all regulations.

Please provide your completed Program On-site Monitoring Guide to the monitor prior to or at the entrance conference. Thank you.

LWIA: \_\_\_\_\_

Executive Director/Administrator: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

CRD Monitor: \_\_\_\_\_ Phone \_\_\_\_\_

CRD Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

## Section

# I

## I. PROGRAM ADMINISTRATION

### A. ONE-STOP DELIVERY SYSTEM

1. How does the Local Workforce Investment Board (WIB) ensure that it is not directly providing core, intensive, or training services, or act as a One-Stop Operator? [20 CFR 661.310]

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2. Who are the required WIB members representing the categories described in WIA Section 117(b)(2)? (Note: The majority of WIB members must be representatives of business in the local area.) [20 CFR 661.315]

Please provide a list of current Board members and the categories they represent (Included below is a checklist of required Board members for your validation.)

- ☐ Representatives in the local area who are business owners.
- ☐ Representatives of local educational entities, local educational agencies, local school boards, post-secondary educational institutions.
- ☐ Representatives of local labor organizations.
- ☐ Representatives of community-based organizations.
- ☐ Representatives of economic development agencies including private sector.
- ☐ Representatives of each One-Stop partner.
- ☐ Other. Please specify \_\_\_\_\_

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3. Are all categories represented?

☐ **Yes** ☐ **No** If **No**, please explain what is being done about recruitment and how long the positions have been vacant.

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4. Is there a business majority?

☐ **Yes** ☐ **No** If **No**, please explain what is being done about recruitment and how long the positions have been vacant.

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5. Does the Youth Council contain all the required members representing the six categories described in WIA Section 117(h)? [20 CFR 661.335]

☐ **Yes** ☐ **No** If **No**, please explain what is being done about recruitment and how long the positions have been vacant.

Please provide a list of current Youth Council members and the categories they represent. (Included below is a checklist of required Youth Council members for your validation.)

- ☐ Members of the Local Board (i.e. educators, human service agencies with expertise in youth policy)
- ☐ Members who represent service agencies such as juvenile justice and law enforcement.
- ☐ Members who represent local housing authorities.
- ☐ Parents of eligible youth seeking assistance under WIA.
- ☐ Individuals, including former participants, and members who represent organizations that have experience relating to youth activities.
- ☐ Members who represent the Job Corps, if located in the local area.

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6. Please describe the types of activities and services the Youth Council provides in the LWIA? [20 CFR 661.340; 20 CFR 664.100]

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7. Please complete Attachment 1, listing all required partners and whether they are physically co-located onsite.
8. Please complete Attachment 2, listing all comprehensive One-Stop sites, any satellite offices and Youth Centers and their respective One-Stop Operators. [20 CFR 662.100(c)]
9. How are youth activities coordinated and facilitated through the One-Stop delivery system? [20 CFR 664.700-710]

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10. How does the LWIA ensure that Universal Access to the full array of services available is carried out by each partner? [WIA §188; 29 CFR 37]

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11. Have Memoranda of Understanding (MOUs) been executed with all partners? [20 CFR 662.230]

☐ **Yes** ☐ **No** If **No**, please describe the steps taken to address this.

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12. Do the MOUs describe the services provided by each partner at the One-Stop centers? [20 CFR 662.260; 20 CFR 662.310]

☐ **Yes** ☐ **No** If **no**, why not?

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13. How does the LWIA ensure that partners are carrying out the services as described in its MOUs?

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## B. OVERSIGHT AND MONITORING

1. Please provide a copy of the LWIA's subrecipient program oversight and monitoring policies, procedures, tools, and current monitoring schedule.  
[20 CFR 667.400(c)(1); 20 CFR 410; Directive WIAD00-7]

If the LWIA does not have written monitoring policies and procedures, how does it ensure that its subrecipients comply with WIA provisions and other applicable laws and regulations? [20 CFR 667.410(a)]

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2. Please list the party or agency responsible for the oversight and monitoring of the following programs.

- ☐ Adult \_\_\_\_\_
- ☐ Dislocated Worker \_\_\_\_\_
- ☐ Youth \_\_\_\_\_
- ☐ One-Stop Delivery System \_\_\_\_\_

3. How does the LWIA ensure that its subrecipients are monitoring their lower-level WIA providers? [20 CFR 667.410(a)]

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4. Do the oversight and monitoring plan, policies and procedures, schedule and tools:

- Identify procedures for onsite monitoring of all subrecipients at least once each program year.

☐ **Yes** ☐ **No**

- Require that the monitoring of subrecipients follow a standardized review methodology resulting in written reports that record findings, any needed corrective actions, and due dates for the accomplishment of corrective actions.

☐ **Yes** ☐ **No**

- Require systematic follow-up to ensure corrective action has been taken.

☐ **Yes** ☐ **No**

- Identify procedures for oversight of the One-Stop delivery system.

☐ **Yes** ☐ **No**

- Ensure that its subrecipient comply with the requirements in WIA Directive WIAD01-21 regarding nondiscrimination and equal opportunity.

☐ **Yes** ☐ **No**

- Coordinate with other LWIAs for monitoring administrative entities serving multiple areas, if applicable.

☐ **Yes** ☐ **No**

For any **No** answers to the above questions, please explain.

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[WIA §117(d)(4); Directive WIAD00-7]



## C. MANAGEMENT INFORMATION SYSTEM

1. Please describe how the LWIA staff and/or its subrecipients ensure that participant and programmatic activities are reported to the State in a timely and consistent manner. Please include procedures on co-enrollments and timelines for subrecipient reporting, if applicable. [WIA § 185; Directive WIA04-17]

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2. Please identify the party responsible for ensuring that the data are submitted through the Job Training Automation (JTA) system. [20 CFR 667.300(b); Directive WIA04-17]

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3. Please describe your general case management practices. Please include when, how and by whom enrollment and exit dates are determined and how decisions on service levels are made. [20 CFR 663.105; 664.215; TEGL 7-99]

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4. How does the LWIA ensure that concurrently enrolled participants are tracked accurately? Please explain how the LWIA ensures that there is no duplication of services and performance outcomes are credited to the appropriate WIA grants. [20 CFR 664.500(c)]

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## **D. INCIDENT REPORTING, GRIEVANCE and COMPLAINTS**

[20 CFR 667.600 & 667.630]

1. Please provide a copy of the LWIA's internal management procedures related to the prevention, detection and reporting of fraud, waste, abuse, or criminal activity. [Directive WIAD02-3]

If the LWIA does not have such procedures, please describe how allegations of fraud, waste, abuse, or criminal activity are recognized, detected, and promptly reported to the Office of Inspector General (OIG) and Compliance Review Division (CRD)? Please provide an estimated date of completion for such procedures.

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2. Please list the staff person responsible for notifying OIG and CRD.

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3. How does the LWIA ensure that its staff and/or its subrecipients (including the One-Stop operators) are made aware of the responsibility to report any instances of fraud, waste, abuse, or criminal activity committed by staff, contractors, or program participants? [Directive WIAD02-3]

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4. Please provide a copy of the LWIA's programmatic grievance and complaint policies and procedures. [WIA §181(c); 20 CFR 667.600; Directive WIAD03-12]

5. Does the policy:

- ☐ Identify the one-year filing timeline?
- ☐ Identify the 30-day timeline for conducting a hearing?
- ☐ Provide written notice to the complainant 10-days prior to the hearing?
- ☐ State that a written decision will be issued within 60 days of a hearing?
- ☐ Identify the process for appealing to the State?

6. Please provide a copy of the LWIA's nondiscrimination and equal opportunity (EO) policies and procedures. [WIA §188; 29 CFR 37; 20 CFR 667.200(f); Directive WIAD01-21]

7. Please list the name of the LWIA's EO Officer.

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8. Please provide a copy of the form that is maintained in participant case files to acknowledge receipt of the policies on programmatic and nondiscrimination grievances or complaints.

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|-----------------------------|------------------|-----------------------|-------------|
| <hr/>                       | <hr/>            | <hr/>                 | <hr/>       |
| <b>Name of Staff</b>        | <b>Telephone</b> | <b>Position/Title</b> | <b>Date</b> |
| <b>Completing Section I</b> |                  |                       |             |

## Section



## II. PROGRAM OPERATIONS

### A. ELIGIBILITY

1. WIA Directive WIAD04-18 transmitted the WIA Eligibility Technical Assistance Guide (TAG). Please provide a copy of the “Table of Documentation to Establish WIA Eligibility”, which is described in Section X of the TAG. [WIA §188(a)(5); WIA §189 (h); 20 CFR 663.105-115; 20 CFR 664.200-240; Directive WIAD01-4]

2. Please describe the circumstances under which an applicant statement is accepted to verify an eligibility requirement.

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3. If a participant was required to register with the Selective Service System but did not, and is presumptively disqualified, please describe the local policy and procedure for determining subsequent eligibility. [Directive WIAD01-4]

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4. How are the equal opportunity data collected during the registration process? [20 CFR 663.105(c) and 20 CFR 664.215(c)]

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5. Certain populations may be given priority related to WIA services. Please provide a copy, or describe, the local policy on priority for low-income, recipients of public assistance, and veterans. [20 CFR 663.600, TEGL 5-03]

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## **B. CORE SERVICES**

1. Please provide a brief description of how core services are provided in the LWIA [WIA §134(d)(2); 20 CFR 662.240]

☐ Determinations of eligibility

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☐ Outreach, intake, orientation, etc.

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☐ Initial assessment

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☐ Job search and placement assistance

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☐ Employment statistics information (vacancies, skills, demand, etc.)

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☐ Program performance and cost (training providers, youth providers, etc.)

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☐ Local area performance measures

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☐ Availability of supportive services

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☐ Information on filing for unemployment insurance

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☐ Assistance with establishing eligibility for financial assistance, etc.

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☐ Follow up services

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2. What specific documentation is maintained in the participant case files for verifying what core services were provided to the participant? Please provide an example of forms, checklists, or documents used.

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## C. INTENSIVE SERVICES

[WIA §134(d)(3); 20 CFR 663.200-250]

1. Please check and provide a brief description of the intensive services provided in the LWIA. [WIA §134(d)(3); 20 CFR 662.200]

☐ Comprehensive and specialized assessments

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☐ Employment plans (identifying goals, objectives and services)

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☐ Group counseling

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☐ Individual counseling and career planning

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☐ Case management for those seeking training

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☐ Prevocational services (learning, communication and soft skills)

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☐ Out of area job search assistance

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☐ Literacy activities (related to work readiness)

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☐ Relocation assistance

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☐ Internships

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☐ Work Experience (paid or unpaid)

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2. Before providing intensive services, how is it determined and documented that a participant cannot obtain or retain employment that leads to self-sufficiency with the core services received? [20 CFR 663.160; 20 CFR 663.220]

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3. What are the criteria for determining “self-sufficiency” when giving intensive services to employed individuals? [20 CFR 663.230]

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## **D. TRAINING SERVICES**

[WIA §134(d)(4); 20 CFR 663.300-595]

1. Please check and provide a brief description of the training services provided in the LWIA. [WIA §134 (d)(4); 20 CFR 663.300]

☐ Occupational skills training

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☐ On-the-job training

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☐ Workplace training and related instruction, cooperative education

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☐ Private sector training

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☐ Skill upgrading and retraining

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☐ Entrepreneurial training

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☐ Job readiness training

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☐ Adult education and literacy activities

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☐ Customized training (conducted with employer commitment)

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☐ Other

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2. Before providing training services, how is it determined and documented that the participant is unable to obtain or retain employment with the core and intensive services already provided? [20CFR 663.310(a)]

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3. How is it determined and documented that a participant has the skills and qualifications to successfully complete a training program? [20 CFR 663.310(b)]

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4. How do the LWIA staff and/or its subrecipients ensure and document that training is directly linked to existing employment opportunities? [20 CFR 663.310(c)]

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5. Before using WIA funds to finance training, how is it determined and documented that other funding is unavailable? [20 CFR 663.310(d); 20 CFR 663.320]

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6. How are the requirements for consumer choice implemented? [20 CFR 663.440]

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7. How is the State list of eligible training providers disseminated? [20 CFR 663.510(d)(6)]

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8. How do LWIA staff and/or its subrecipients ensure that training providers who are **not** on the ETPL have met demonstrated performance (i.e., financial stability, program completion rate, attainment of skills, placement in unsubsidized employment)? [20 CFR 663.430(a)(3); 20 CFR 663.590; 20 CFR 663.595]

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9. Please provide a copy of the local policy on Individual Training Accounts (ITAs). Please note any limitations on amount or duration of an ITA and any exception criteria. [20 CFR 663.400-420]

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10. Please provide, or describe, the local policy on recovery of unused training funds. [Directive WIAD04-4]

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11. How is it determined and documented that customized or on-the job training (OJT) will be used instead of ITAs to provide training services? Please provide a list of all OJT and customized training contracts. [20 CFR 663.430]

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12. Please describe how OJT providers are identified and selected? Please include information on the amount of reimbursement (not to exceed 50-percent); identification of employers not providing long-term employment; and determining the appropriate length of an OJT contract. [20 CFR 663.700]

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13. Please describe how OJT contracts are developed and monitored to ensure that appropriate services are being provided. [20 CFR 667.410(a)]

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## E. SUPPORTIVE SERVICES

[WIA §101(46); WIA §134(e)(2) & (3); 20 CFR 663.800-840; 20 CFR 664.440]

1. Please provide a copy of the LWIA's supportive services policies and procedures.
2. Please check and provide a brief description of the supportive services provided in the LWIA. Please note any limitations, whether in the amount or duration.

☐ Transportation

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☐ Child or dependent care

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☐ Housing

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☐ Needs-related payments

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☐ Other

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3. How is it determined and documented that supportive services are necessary to participate in WIA activities and are unavailable from other sources?

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## F. YOUTH SERVICES

[WIA §129; TEGLs 9-00, 18-00, and 28-01; 20 CFR 664 et seq.]

1. Please provide a brief description of how each of the ten youth program elements is provided in the LWIA. [WIA §101(13) & (25); 20 CFR 664.200; 664.410; Directive WIAD04-24]

☐ Tutoring, study skills training, instruction, drop-out prevention, etc.

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☐ Alternative secondary school offerings

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☐ Summer employment activities

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☐ Work experience

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☐ Occupational skills training

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☐ Leadership development opportunities

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☐ Supportive services

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☐ Adult mentoring

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☐ Follow-up services

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☐ Comprehensive guidance and counseling

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2. Please describe how the youth program elements:

☐ Prepare the youth for post-secondary educational opportunities

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☐ Provide linkages between academic and occupational learning

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☐ Prepare the youth for employment

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- ☐ Connect youth with other organizations providing links to the job market.

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[20 CFR 664.405(a)(3)]

3. How are youth participants assessed to determine their academic and occupational skills, prior work experience, employability, interests, aptitudes and service needs? How is this documented in the participant case file?  
[WIA §129 (c)(1)(A) and 20 CFR 664.405(a)(1)]

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4. How is assessment incorporated into the development of the youth's individual service strategy? [WIA §129(c)(1)(B); 20 CFR 664.405(a)(2)]

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5. How is the receipt of services documented in the case file? Please provide an example of forms, checklists, or documents used.

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6. For younger youth, how are skill attainment goals measured and documented?  
[WIA §136(b)(2)(A); 20 CFR 666.100(a)(3)(i)]

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7. For older youth, how are performance goals measured and documented?  
[WIA §136(b)(2)(A); 20 CFR 666.100(a)(3)(ii)]

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8. Please describe how follow-up services are provided to youth participants during the 12 months following exit? [20 CFR 664.450]

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9. Please describe how the summer youth employment program provides direct linkages to academic and occupational learning. [20 CFR 664.600(b)]

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10. How do the LWIA staff and/or its subrecipients ensure that the summer youth program is not a stand-alone program? [20 CFR 664.600(d)]

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## G. RAPID RESPONSE

[WIA §101(38); 20 CFR 665 et seq.; Directive WIAD 05-1]

1. Please check and provide a brief description of how the REQUIRED rapid response services are provided by the LWIA. Please include the timeline from notice of layoff or closure to how soon employers and employee representatives are contacted, what information is provided and what information is collected. [20 CFR 665.310]

- ☐ Immediate, onsite contact with the employer, worker representatives and community

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- ☐ Information and access to UI benefits, One-Stop services, employment and training activities

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- ☐ Guidance and/or financial assistance in establishing labor-management committees

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- ☐ Emergency assistance

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☐ Coordinated response with the WIB and chief elected official

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2. Please provide a brief description of the ALLOWABLE rapid response activities provided in the local area. [20 CFR 665.320]

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3. How does the LWIA maintain a record of its Rapid Response activities (both required and allowable) and reporting (i.e., 121 reports and WARN notices)? [Directive WIAD04-13]

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| Name of Staff<br>Completing Section II | Telephone | Position/Title | Date |
|--|-----------|----------------|------|
|--|-----------|----------------|------|

## REQUIRED PARTNERS LISTINGS

Please fill in the agency that provides the identified services.

| AREA OF ADMINISTRATION  | REQUIRED PARTNER | ON-SITE |
|---|------------------|---------|
| Programs authorized under WIA (including job corps, MSFW, etc.) |                  |         |
| Programs authorized under the Wagner-Peyser Act                 |                  |         |
| Adult education and literacy activities                         |                  |         |
| Programs authorized under the Older Americans Act               |                  |         |
| Post-secondary vocational education                             |                  |         |
| NAFTA activities under the Trade Act of 1974                    |                  |         |
| Veteran's employment programs                                   |                  |         |
| Employment and training activities under CSBG                   |                  |         |
| Employment and Training activities under HUD                    |                  |         |
| Programs authorized under UI                                    |                  |         |

## SERVICE LOCATIONS AND OPERATORS

| Comprehensive One-Stop Locations | Service Center Operator |
|----------------------------------|-------------------------|
|                                  |                         |
|                                  |                         |
|                                  |                         |
|                                  |                         |
|                                  |                         |

| Satellite Office Locations | Services Provided | Service Center Operator |
|----------------------------|-------------------|-------------------------|
|                            |                   |                         |
|                            |                   |                         |
|                            |                   |                         |
|                            |                   |                         |

| Youth Center Locations | Service Center Operator |
|------------------------|-------------------------|
|                        |                         |
|                        |                         |
|                        |                         |
|                        |                         |

## ADULT PROGRAM

### CASE FILE REVIEW WORKSHEET

|  |  |  |  |
|--|--|--|--|
| <b>Monitor:</b>  |  | <b>Date:</b>   |  |
| <b>LWIA:</b>   |  | <b>Subrecipient:</b>   |  |
| <b>PARTICIPANT DATA &amp; GENERAL ELIGIBILITY</b>  |  |  |  |
| Participant Name:  |  | Social Security Number:  | Date of Birth:<br>Age:                           |
| Application Date:  |  | Registration/Enrollment Date:  | Exit Date:                                       |
| <input type="checkbox"/> Right-to-Work   | <input type="checkbox"/> Selective Service       | <b>Documentation Reviewed:</b>   |  |
| <b>ASSURANCE OF NONDISCRIMINATION AND EQUAL OPPORTUNITY</b>  |  |  |  |
| <input type="checkbox"/> Equal Opportunity Information Provided?   |  | <input type="checkbox"/> Complaint and Grievance Procedure Information Provided?   |  |
| <b>STAFF-ASSISTED CORE SERVICES</b>  |  |  |  |
| <b>Initial Assessment:</b><br><input type="checkbox"/> Skill levels <input type="checkbox"/> Aptitudes<br><input type="checkbox"/> Interests <input type="checkbox"/> Interests<br><input type="checkbox"/> Vocational Interest <input type="checkbox"/> Education<br><input type="checkbox"/> Work History <input type="checkbox"/> Personal Barrier<br><input type="checkbox"/> Supportive service needs |  | <b>Job Search and Placement Assistance:</b><br><input type="checkbox"/> Employment Goal <input type="checkbox"/> Occupational Experience<br><input type="checkbox"/> Educational Attainment <input type="checkbox"/> Participant Interest<br><input type="checkbox"/> Job Referrals <input type="checkbox"/> Other<br><input type="checkbox"/> Job Development<br><input type="checkbox"/> Staff assisted Workshop/Job Clubs |  |
| Date of Initial Assessment   |  | Date Job Search or Placement Assistance provided   |  |
| <b>INTENSIVE SERVICES</b>  |  |  |  |
| <input type="checkbox"/> Need documented in case file?   |  | Date Intensive Services provided   |  |
| <b>Comprehensive and Specialized Assessment</b><br><input type="checkbox"/> Diagnostic Testing<br><input type="checkbox"/> In-depth interview and evaluation of employment barriers and appropriate employment goals.  |  | <b>Individual Employment Plan (IEP)</b><br><input type="checkbox"/> Employment Goals<br><input type="checkbox"/> Achievement Objectives<br><input type="checkbox"/> Combination of Services to achieve goals   |  |
| <b>Short-term prevocational services. Development of the following:</b><br><input type="checkbox"/> Learning Skills <input type="checkbox"/> Punctuality <input type="checkbox"/> Communication Skills<br><input type="checkbox"/> Personal Maintenance Skills <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Professional Conduct  |  |  |  |
| <input type="checkbox"/> Group Counseling<br><input type="checkbox"/> Out-of-area job search<br><input type="checkbox"/> Internships   |  | <input type="checkbox"/> Individual Counseling and Career Planning<br><input type="checkbox"/> Literacy assistance related to work readiness<br><input type="checkbox"/> Work Experience   |  |
| <input type="checkbox"/> Case Management<br><input type="checkbox"/> Relocation Assistance   |  |  |  |
| <input type="checkbox"/> Inability to obtain/retain employment leading to self-sufficiency?  |  |  |  |
| <b>TRAINING SERVICES</b>   |  |  |  |
| <input type="checkbox"/> Occupational Skills<br><input type="checkbox"/> Skills Upgrading/Retraining<br><input type="checkbox"/> Private Sector Training   |  | <input type="checkbox"/> On-the-Job Training<br><input type="checkbox"/> Entrepreneurial<br><input type="checkbox"/> Adult Education/Literacy Activities   |  |
| <input type="checkbox"/> Workplace Training & Coop Ed. Programs<br><input type="checkbox"/> Job Readiness <input type="checkbox"/> Other (Specify):<br><input type="checkbox"/> Customized Training  |  |  |  |
| Other sources available to pay for training? <input type="checkbox"/> Yes <input type="checkbox"/> No,<br>If Yes, explain:   |  |  | On ETPL?   |
| Intensive Services received prior? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, explain:   |  |  |  |
| ITA established <input type="checkbox"/> Yes <input type="checkbox"/> No, If Not, explain:   |  |  |  |
| Training concurs with Assessment or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, explain:   |  |  |  |
| Training is directly linked to demand occupations in local area or area of relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No,<br>If No, explain:  |  |  |  |
| <b>SUPPORTIVE SERVICES &amp; NEEDS-RELATED PAYMENTS</b>  |  |  |  |
| Supportive Services and/or Needs-Related payments are: If Not, explain:  |  |  |  |
| <input type="checkbox"/> Necessary, reasonable, and allowable?<br><input type="checkbox"/> Not available through other programs?<br><input type="checkbox"/> Consistent with local written policy?   |  |  |  |
| <b>FOLLOW-UP SERVICES (Services provided to participant to help retain employment)</b>   |  |  |  |
| <input type="checkbox"/> Follow-up services made available? What types of follow-up services were provided?<br>If Not, explain:  |  |  |  |
| <b>FOLLOW-UP INFORMATION (Contact with participant to gather employment information)</b>   |  |  |  |
| Date entered unsubsidized employment: _____ Employer: _____<br>Job Title: _____ Hours per week: _____ Hourly/Monthly wage: _____   |  |  |  |
| <input type="checkbox"/> 1 <sup>st</sup> Quarter   | <input type="checkbox"/> 2 <sup>nd</sup> Quarter | <input type="checkbox"/> 3 <sup>rd</sup> Quarter   | <input type="checkbox"/> 4 <sup>th</sup> Quarter |

## DISLOCATED WORKER PROGRAM

### CASE FILE REVIEW WORKSHEET

|   |  |  |  |  |                                |
|---|--|--|--|--|--------------------------------|
| <b>Date:</b>  |  | <b>LWIA:</b>   |  | <b>Monitor:</b>  |                                |
| <b>PARTICIPANT DATA &amp; GENERAL ELIGIBILITY</b>   |  |  |  |  |                                |
| Participant Name:   |  |  | Social Security Number:  |  | Date of Birth:<br>Age:         |
| Application Date:   |  | Registration/Enrollment Date:  |  | Exit Date:   |                                |
| <b>ASSURANCE OF NONDISCRIMINATION AND EQUAL OPPORTUNITY</b>   |  |  |  |  |                                |
| <input type="checkbox"/> Equal Opportunity Information Provided?  |  |  | <input type="checkbox"/> Complaint and Grievance Procedure Information Provided?   |  |                                |
| <input type="checkbox"/> Right-to-Work  | <input type="checkbox"/> Selective Service       | Target Population:   |  | <b>Documentation Reviewed:</b>   |                                |
| <b>PROGRAM ELIGIBILITY FOR DISLOCATED WORKER</b>  |  |  |  |  |                                |
| <input type="checkbox"/> Terminated or laid-off <b>AND</b><br><input type="checkbox"/> Elig./exhaust UI<br><input type="checkbox"/> Not Elig. For UI but sufficient attachment to the workforce <b>AND</b><br><input type="checkbox"/> Is Unlikely to return to previous industry or occupation.  |  | <input type="checkbox"/> Laid off due to permanent closure or substantial layoff at a plant, facility or enterprise.   |  | <input type="checkbox"/> Self-employed (as farmer, rancher, or fisherman) <b>BUT</b><br><input type="checkbox"/> Is unemployed due to general economic conditions in community the individual resides <b>OR</b><br><input type="checkbox"/> Is unemployed due to a natural disaster. |                                |
|   |  |  |  | <input type="checkbox"/> Displaced homemaker who is no longer supported by income from family member, <b>AND</b><br><input type="checkbox"/> Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.                                     |                                |
| <input type="checkbox"/> Voluntarily terminated employment <b>AND</b><br><input type="checkbox"/> Is receiving or has been determined eligible to receive UI <b>OR</b><br><input type="checkbox"/> Has exhausted UI since terminating employment voluntarily <b>AND</b><br><input type="checkbox"/> Is unlikely to return to a previous industry or occupation  |  |  | <input type="checkbox"/> Profiled Dislocated Worker  |  | <b>Documentation Reviewed:</b> |
| <b>STAFF-ASSISTED CORE SERVICES</b>   |  |  |  |  |                                |
| Initial Assessment:<br><input type="checkbox"/> Skill levels <input type="checkbox"/> Aptitudes <input type="checkbox"/> Abilities<br><input type="checkbox"/> Need for supportive service <input type="checkbox"/> Vocational Interest<br><input type="checkbox"/> Education <input type="checkbox"/> Work History <input type="checkbox"/> Personal Barrier   |  |  | Job Search and Placement Assistance:<br><input type="checkbox"/> Employment Goal <input type="checkbox"/> Occupational Experience<br><input type="checkbox"/> Educational Attainment <input type="checkbox"/> Participant Interest |  |                                |
| Date Initial Assessment provided  |  |  | Date Job Search and Placement Assistance provided  |  |                                |
| <b>INTENSIVE SERVICES</b>   |  |  |  |  |                                |
| Comprehensive and Specialized Assessment<br><input type="checkbox"/> Diagnostic Testing<br><input type="checkbox"/> In-depth interview and evaluation of employment barriers and appropriate employment goals.  |  |  | Individual Employment Plan (IEP)<br><input type="checkbox"/> Employment Goals<br><input type="checkbox"/> Achievement Objectives<br><input type="checkbox"/> Combination of Services to achieve goals                              |  |                                |
| Short-term prevocational services. Development of the following:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Learning Skills<br/> <input type="checkbox"/> Personal Maintenance Skills         </div> <div> <input type="checkbox"/> Punctuality<br/> <input type="checkbox"/> Interviewing Skills         </div> <div> <input type="checkbox"/> Communication Skills<br/> <input type="checkbox"/> Professional Conduct         </div> </div> |  |  |  |  |                                |
| <input type="checkbox"/> Group Counseling<br><input type="checkbox"/> Out-of-area job search<br><input type="checkbox"/> Internships  |  | <input type="checkbox"/> Individual Counseling and Career Planning<br><input type="checkbox"/> Literacy assistance related to work readiness<br><input type="checkbox"/> Work Experience |  | <input type="checkbox"/> Case Management<br><input type="checkbox"/> Relocation Assistance   |                                |
| <b>Documentation Reviewed:</b>  |  |  | Was need for Intensive Services documented in file?  |  |                                |
| <b>TRAINING SERVICES</b>  |  |  |  |  |                                |
| <input type="checkbox"/> Occupational Skills<br><input type="checkbox"/> Skills Upgrading/Retraining<br><input type="checkbox"/> Private Sector Training  |  | <input type="checkbox"/> On-the-Job Training<br><input type="checkbox"/> Entrepreneurial<br><input type="checkbox"/> Adult Education/Literacy  |  | <input type="checkbox"/> Workplace Training & Coop Ed <input type="checkbox"/> Other (Specify):<br><input type="checkbox"/> Job Readiness<br><input type="checkbox"/> Customized Training <input type="checkbox"/> On ETPL?  |                                |
| ITA provided? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, explain:   |  |  |  |  |                                |
| Training concurs with Assessment or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, explain:  |  |  |  |  |                                |
| Training directly linked to demand occupations in local area or area of relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, explain:   |  |  |  |  |                                |
| <b>SUPPORTIVE SERVICES AND NEEDS-RELATED PAYMENTS</b>   |  |  |  |  |                                |
| Supportive Services and/or Needs-Related payments are:    If Not, please explain:   |  |  |  |  |                                |
| <input type="checkbox"/> Necessary, reasonable, and allowable?<br><input type="checkbox"/> Consistent with local policy?<br><input type="checkbox"/> Unavailable through other programs?  |  |  |  |  |                                |
| <b>FOLLOW-UP INFORMATION (contact with participant to gather employment information)</b>  |  |  |  |  |                                |
| Date entered unsubsidized employment: _____   |  | New Employer Name _____  |  |  |                                |
| Job Title: _____  |  | Hours per week: _____  |  | Hourly wage: \$ _____  |                                |
| <input type="checkbox"/> 1 <sup>st</sup> Quarter  | <input type="checkbox"/> 2 <sup>nd</sup> Quarter | <input type="checkbox"/> 3 <sup>rd</sup> Quarter   | <input type="checkbox"/> 4 <sup>th</sup> Quarter   |  |                                |
| <b>FOLLOW-UP SERVICES (Services provided to participant to help retain employment)</b>  |  |  |  |  |                                |
| <input type="checkbox"/> Follow-up services made available? What types of follow-up services were provided?<br>If Not, explain:   |  |  |  |  |                                |

# YOUTH PROGRAM

## CASE FILE REVIEW WORKSHEET

|  |  |   |  |
|--|--|---|--|
| <b>Monitor:</b>  |  | <b>Date:</b>  |  |
| <b>LWIA:</b>   |  | <b>Subrecipient:</b>  |  |
| <b>I PARTICIPANT DATA &amp; GENERAL ELIGIBILITY</b>  |  |   |  |
| Participant Name:  |  | Social Security Number:   |  |
| Application date:  |  | Registration/Enrollment date:   |  |
| <input type="checkbox"/> RTW   | <input type="checkbox"/> Selective Service | Date Of Birth:<br>Age (14-21):  |  |
| Documentation reviewed:  |  |   |  |
| <b>II ASSURANCE OF NONDISCRIMINATION AND EQUAL OPPORTUNITY</b>   |  |   |  |
| <input type="checkbox"/> Equal Opportunity Information Provided?   |  | <input type="checkbox"/> Complaint and Grievance Procedure Information Provided?  |  |
| <b>III PROGRAM ELIGIBILITY FOR YOUTH SERVICES</b>  |  |   |  |
| <b>A</b>   |  | <b>AND IS WITHIN ONE OR MORE OF THE FOLLOWING CATEGORIES:</b>   |  |
| <input type="checkbox"/> Eligible Youth is between ages 14-21<br><br><b>AND Low Income</b><br><input type="checkbox"/> Public Assistance Program (Cash Payments)<br><input type="checkbox"/> Family Income: 6 months \$ _____<br>Family Size: _____<br><input type="checkbox"/> Food Stamps<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Foster Child<br>Documents reviewed: _____          |  | <input type="checkbox"/> Deficient in Basic Literacy Skills (20 CFR 664.205)<br><input type="checkbox"/> School Dropout<br><input type="checkbox"/> Homeless or Runaway or Foster Child<br><input type="checkbox"/> Pregnant or Parenting<br><input type="checkbox"/> Offender<br><input type="checkbox"/> Requires Additional Assistance to Complete an Educational Program or to Secure and hold Employment including a youth with a disability.<br>(20 CFR 664.210)<br>Documents reviewed: _____ |  |
| <b>B 5% WINDOW (Exception to Low Income Requirement) (20 CFR 664.220)</b>  |  |   |  |
| Please Specify Barrier: _____  |  |   |  |
| Documents reviewed: _____  |  |   |  |
| <b>IV YOUTH CATEGORY</b>   |  |   |  |
| OUT OF SCHOOL YOUTH<br><input type="checkbox"/> School Dropout <b>OR</b><br><input type="checkbox"/> HS Grad or holds a GED, <b>but</b> is basic skills deficient, unemployed, <b>or</b> underemployed.  |  | <input type="checkbox"/> IN SCHOOL YOUTH<br>Attending any school (including alternative school).  |  |
| <b>V OBJECTIVE ASSESSMENT</b>  |  |   |  |
| Assessment date _____  |  |   |  |
| <input type="checkbox"/> Academic Skill Levels<br><input type="checkbox"/> Occupational Skill Levels<br><input type="checkbox"/> Prior Work Experience<br><input type="checkbox"/> Supportive Service Needs<br><input type="checkbox"/> Aptitudes (including interest and aptitudes for non-traditional jobs)<br><input type="checkbox"/> Objective assessment developed under another education or training program? Please specify program and date. |  | <input type="checkbox"/> Basic Skills<br><input type="checkbox"/> Employability<br><input type="checkbox"/> Interests<br><input type="checkbox"/> Developmental Needs   |  |
| <b>VI INDIVIDUAL SERVICE STRATEGY</b>  |  |   |  |
| ISS completion date _____  |  |   |  |
| <input type="checkbox"/> Employment Goal(s) _____<br><input type="checkbox"/> Achievement Objective(s) _____<br><input type="checkbox"/> Appropriate Services Concur with Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If No, please explain _____<br><input type="checkbox"/> ISS developed under another education or training program? Please specify program and date developed _____                                   |  |   |  |



## YOUTH PROGRAM

|           |   |
|-----------|---|
| <b>VI</b> | <b>PROGRAM ELEMENTS</b>   |
|           | <p>Please identify service(s) provided to participant:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention.<br/> <input type="checkbox"/> Alternative Secondary School Services<br/> <input type="checkbox"/> Summer Employment Opportunities directly linked to academic and occupational learning<br/> <input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing [20 CFR 664.460-470]<br/> <input type="checkbox"/> Leadership development opportunities which may include community service and peer-centered activities<br/> <input type="checkbox"/> Supportive Services<br/> <input type="checkbox"/> Adult Mentoring<br/> <input type="checkbox"/> Follow-up services<br/> <input type="checkbox"/> Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral Appropriate Services </div> <div style="width: 50%;"> <input type="checkbox"/> Concur with Objective Assessment or ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>           If No, please explain _____ </div> </div>  |
| <b>VI</b> | <b>SUPPORTIVE SERVICES</b>  |
|           | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Linkages to Community Services<br/> <input type="checkbox"/> Childcare and dependent care<br/> <input type="checkbox"/> Referrals to medical services<br/> <input type="checkbox"/> Work related tools (eye glasses and protective eye gear) </div> <div style="width: 50%;"> <input type="checkbox"/> Transportation<br/> <input type="checkbox"/> Housing<br/> <input type="checkbox"/> Uniforms or other appropriate work attire<br/> <input type="checkbox"/> Other (Specify) _____ </div> </div> <p>Services are necessary, reasonable, and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p> <p>Consistent with local written policy? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p> <p><input type="checkbox"/> Incentive [WIA 129(a)(5)]      Type: _____ Reason: _____</p>  |
| <b>IX</b> | <b>SKILLS ATTAINMENT GOALS FOR YOUNGER YOUTH (14-18)</b>  |
|           | <p>Date Goal(s) Set: _____</p> <p>Date Goal(s) Achieved: _____</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> High School Diploma or GED<br/> <input type="checkbox"/> Occupational Skills<br/> <input type="checkbox"/> Placement and retention in Post Secondary Education, Advance Training, Military Service, Employment, or Qualified Apprenticeships </div> <div style="width: 50%;"> <input type="checkbox"/> Basic Skills<br/> <input type="checkbox"/> Work Readiness </div> </div> <p>Description of skills achieved _____</p> <p>Documentation Reviewed: _____</p> <p>Goal(s) concur with ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____</p>   |
| <b>X</b>  | <b>PERFORMANCE GOALS FOR OLDER YOUTH (19-21)</b>  |
|           | <p>Dates Goal(s) Set: _____ Date Goal(s) Achieved: _____</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Entry into unsubsidized employment<br/> <input type="checkbox"/> Retention in unsubsidized employment six months after entry into the employment<br/> <input type="checkbox"/> Earnings received in unsubsidized employment six months after entry into the employment<br/> <input type="checkbox"/> Attained recognized credential related to the following: </div> <div style="width: 50%;"> <input type="checkbox"/> Achievement of educational skills (secondary school diploma, HS Diploma, GED), <b>OR</b><br/> <input type="checkbox"/> Occupational skills, for participants who enter into post secondary education, advanced training, or unsubsidized employment </div> </div> <p>Documentation Reviewed: _____</p> <p>Goal(s) concur with ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain: _____</p>   |
| <b>XI</b> | <b>FOLLOW-UP ACTIVITIES</b>   |
|           | <p>Follow-up Services provided for a minimum duration of 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, explain: _____</p> <p>Type of follow-up services provided:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Leadership Development<br/> <input type="checkbox"/> Regular contact with participant's employer<br/> <input type="checkbox"/> Work related peer support groups<br/> <input type="checkbox"/> Assistance in securing better paying jobs, career development, addressing work related problems, and further education </div> <div style="width: 50%;"> <input type="checkbox"/> Supportive Service Activities<br/> <input type="checkbox"/> Adult Mentoring<br/> <input type="checkbox"/> Tracking progress in employment and training </div> </div> <p>Documents reviewed: _____</p> <p>Date entered unsubsidized employment: _____ Exit Date: _____</p> <p>Employer Name: _____ Job Title: _____</p> <p>Hours per week: _____ Wages Per Hour: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1<sup>st</sup> Quarter       <input type="checkbox"/> 2<sup>nd</sup> Quarter       <input type="checkbox"/> 3<sup>rd</sup> Quarter       <input type="checkbox"/> 4<sup>th</sup> Quarter     </div> |

## CASE FILE REVIEW ISSUES SUMMARY

LWIA: \_\_\_\_\_ Subrecipient: \_\_\_\_\_

CRD MONITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**TYPES OF ISSUES:**

- ELIGIBILITY
- FOLLOW-UP ACTIVITIES

- GRIEVANCE PROCEDURES
- SUPPORTIVE SERVICES

- INTENSIVE SERVICES
- REPORTING

- TRAINING SERVICES

| #  | PARTICIPANT NAME & SSN | WHAT IS THE ISSUE? |
|----|------------------------|--------------------|
| 1  |                        |                    |
| 2  |                        |                    |
| 3  |                        |                    |
| 4  |                        |                    |
| 5  |                        |                    |
| 6  |                        |                    |
| 7  |                        |                    |
| 8  |                        |                    |
| 9  |                        |                    |
| 10 |                        |                    |

## PARTICIPANT WORK ACTIVITY (OJT, WEx or Customized Training)

Review a sample of monitoring reports or other documentation showing that the work activities are overseen in the LWIA.

LWIA: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CRD Monitor: \_\_\_\_\_

| Employer/Trainer<br>Reviewed | Date of<br>Review | Date<br>Report<br>Issued | Reviewed<br>Amounts<br>Claimed*<br>(Y/N) | Reviewed<br>Training<br>Provided*<br>(Y/N) | Issues<br>Identified<br>(Y/N) | Corrective<br>Action<br>Requested<br>(Y/N) | Due Date<br>Requested | Corrective<br>Action<br>Performed<br>(Y/N) | Follow-up<br>conducted<br>(Y/N) |
|------------------------------|-------------------|--------------------------|--|--|-------------------------------|--|-----------------------|--|---------------------------------|
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
|                              |                   |                          |  |  |                               |  |                       |  |                                 |
| Comments: _____              |                   |                          |  |  |                               |  |                       |  |                                 |

\* Info. may be contained in either the LWIA's Monitoring Guide, Monitoring Reports, or other documentation

## SUBRECIPIENT MONITORING

Review monitoring reports for oversight of subrecipient programs.

LWIA: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CRD Monitor: \_\_\_\_\_

| Entity Reviewed and<br>Type of Review | Date of<br>Review and<br>Date Report<br>Issued | List all the Issues Identified | CA<br>Requested<br>(Y/N) | Due Dates<br>Requested<br>(Specify) | CA<br>Performed<br>(Y/N) | Date<br>Follow-up<br>Conducted |
|---------------------------------------|--|--------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------|
|                                       |  |                                |                          |                                     |                          |                                |
|                                       |  |                                |                          |                                     |                          |                                |
|                                       |  |                                |                          |                                     |                          |                                |
|                                       |  |                                |                          |                                     |                          |                                |
|                                       |  |                                |                          |                                     |                          |                                |
|                                       |  |                                |                          |                                     |                          |                                |
| Comments                              |  |                                |                          |                                     |                          |                                |

## PARTICIPANT INTERVIEW QUESTIONS

**LWIA and location:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**CRD Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. How did you learn about the One-Stop Center?

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2. With whom did you discuss your skills, education, work experience and employment goals?

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3. What services are you receiving?

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4. How are these services helping you reach your employment (or educational) goals?

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5. Do you have any family members employed at the One-Stop Center or at your training location? If yes, what do they do and how are they related to you?

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---

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6. Have you encountered any problems while enrolled in the program? If so, how were they handled?

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---

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7. Do you feel safe when coming to the One-Stop Center? If you are participating in any work activities, is the workplace or training location a safe and healthy environment?

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---

---

8. Have you received any supportive services? If so, please describe them. Would you have been able to participate in the WIA program had you not received the supportive service?

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---

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9. Have you been referred to services provided by any other organizations? If so, list what organizations and what services they have provided you.

---

---

---

10. If you felt you were being treated unfairly or being discriminated against, how would you file a complaint?

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---

---

11. Have you ever been asked to participate in any political, union-organizing, or religious activities while participating in the One-Stop activities? If so, please describe.

---

---

---

12. Overall, how well do you think the services you've received have helped you?

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13. Do you have any questions, suggestions or concerns about the One-Stop Center and/or services?

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Thank you, your input is valuable

## ONE-STOP WALK-THROUGH REVIEW SHEET

This exercise is to be completed as you tour the comprehensive One-Stop site. During the tour, your observations should be made from the perspective of a first-time client or a disabled (physical, blind, deaf) person.

Take notes of your observations in the areas below:

☐ Approach (general overview, public transportation location, building identification, parking)

---

---

☐ Entrance/Exit (ramps, door openings, signs)

---

---

☐ Reception (greeting, sign-in, customer service, professionalism, overall appearance)

---

---

☐ Restrooms/Public rooms (i.e. computer, resource, orientation - accessibility)

---

---

☐ Brochures/Signage (rights, complaint procedures, services available, Braille)

---

---

☐ Grievances (posted notices, programmatic and EO)

---

---

☐ TTY (how may the deaf communicate?)

---

---

☐ Other observations

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How are services made available to an individual who is working full-time (8-5) Monday through Friday, but in need of assistance to become self-sufficient?

What services are immediately available to a walk-in client? (without having to attend a formal orientation or return visit?)

What unique, site-specific services are available? (business resources, employer interviews, dress-for-success, peer-support groups, etc.)

NOTES: \_\_\_\_\_

Rev. 8/05